



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of: )  
Hanko et al. ) Group Art Unit: 2144  
Application No.: 09/513,652 ) Examiner: Nguyen, Thanh T  
Confirmation No.: 6825 ) Atty. Docket No: SUNMP578  
Filed: February 25, 2000 ) Date: August 19, 2004  
For: METHOD AND APPARATUS FOR )  
IMPROVING UTILIZATION OF A RESOURCE )  
ON A SHARED CLIENT )

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 19, 2004.

Signed: \_\_\_\_\_

Neely Entwistle

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR RECONSIDERATION**

Dear Sir:

Applicants submit this paper in response to the Final Office Action mailed May 19, 2004. Applicants request reconsideration of the subject application in light of the following:

The Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments, which begin on page 8 of this paper.

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Application No.: 09/513,652

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IMPROVING UTILIZATION OF A  
RESOURCE ON A SHARED CLIENT☐ Duplicate for  
fee processing

Group Art Unit: 2144

Examiner: Nguyen, Thanh T

Atty. Docket No: SUNMP578

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Signed: \_\_\_\_\_

Neely J. Entwistle

Commissioner for Patents  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a request for reconsideration in the above-identified application.  
The fee has been calculated as shown below.

|                                                                     | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Previously<br>Paid For | Present<br>Extra | SMALL ENTITY<br>RATE FEE | OR | LARGE ENTITY<br>RATE FEE |
|---------------------------------------------------------------------|-------------------------------------------|-----------------------------------|------------------|--------------------------|----|--------------------------|
| TOTAL<br>CLAIMS                                                     | 20 -                                      | 20                                | 00               | X09 = \$                 | OR | X18 = \$                 |
| INDEP<br>CLAIMS                                                     | 03 -                                      | 03                                | 00               | X42 = \$                 | OR | X84 = \$                 |
| [ ] Multiple Dependent Claim Present<br>and Fee Not Previously Paid |                                           |                                   |                  | \$140                    |    | \$280                    |
| TOTAL                                                               |                                           |                                   |                  | \$ _____                 |    | \$0 _____                |

☒ Applicant believes that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805

☐ Enclosed is our Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to cover the extension of time fee.

☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. SUNMP578). A copy of this sheet is enclosed.

Respectfully submitted,  
MARTINE & PENILLA LLP

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